

Reed, Scott

From: Reed, Scott
Sent: Tuesday, August 15, 2017 2:32 PM
To: Henle, Garney; Fleming, Jim
Subject: RE: Sala

Thank you Garney.

Can you have Steve walk through the area over the next few days to monitor? Will need to know Sala's Job assignment for the remainder of the day and perhaps week.

Sala was instructed to report to HS tomorrow at the start of her shift for a check. She was also instructed to stop back to HS if the pain got worse or she had any other concerns.

Scott Reed
HR Director, Smithfield Sioux Falls

(605) 330 3183
sreed@smithfield.com

Smithfield.

Good food. Responsibility.

From: Henle, Garney
Sent: Tuesday, August 15, 2017 2:26 PM
To: Reed, Scott; Fleming, Jim
Subject: Sala

Scott, Jim

During the investigation Sala was stating the ham struck her in the chest. She said that she didn't know if he did it on purpose or if it was an accident. Then she said that she thought he might have done on purpose.

As the investigation went on and I explained why we were doing this she changed again saying I don't think he meant to. The investigation did bring up some issues with what was going on the line. Employees are throwing hams that have not been clipped back up to the clip table. This practice has stopped.

I talked to her for almost one hour waiting for her pain to subside and when she thought she was feeling better she was waiting for the nurse to let her go. During this time it was brought up that she was on vacation next week and had plane tickets for Dallas at 7am and did not have permission from Managers. I talked to the nurse and she took her blood pressure and said she was good to go. I then told Sala to go to lunch and we she returned BJ, her and I would go investigate and recreate the incident.

On the way to the dept she told me that she seen in his eyes that he was trying to hit her with the ham. She said that he had thrown one at her head early in the day. This was not brought up earlier.

I have employees signed statement's in the incident investigation describing what happened

Anything else?

Garney Henle

Operations Manager
Packaged Meats Division

Smithfield.

Good food. Responsibility.

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App. Tab

Z

exhibitsticker.com

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Hultman 10:20

Responsible?

SIOUX FALLS INCIDENT INVESTIGATION REPORT

EMPLOYEE INFORMATION

To be completed by employee and Health Services

Incident Type: ☐ Lost Time ☐ Other OSHA Recordable ☒ First Aid ☐ Non-Occupational ☐ Property Damage/Loss ☐ Near MissEmployee: Sala Neembwe ID Number: 449182 Date Of Hire (M/D/Yr): 6-17-13Address: 4901 E 54th St SFSD 57140 Phone Number: 469-816-7299Date of Birth: 1-1-1972 Gender: MALE ☒ FEMALE ☐ Who was Incident Reported to? Rusty Hultman Gary LongJob Injured On: Clipping Hairs Dept/Floor: 19th Shift: D Start Time: 7:00 Manager: Steve Egan Dave HultmanWhere did incident occur? 1st floor Honey Lane Time of day incident occurred: 10:10Date of Incident: 8-15-17 Date Reported: 8-15-17 Time on Job (Mo/Yr): 5 monthsMarital Status: ☒ M ☐ D Separated # of Dependents: 2 Primary Language: Swahili / English

Describe any treatment provided at John Morrell and by whom:

Ice, IAP

If treatment was received away from plant, where was it at (provide facility name, street, city, etc.)?

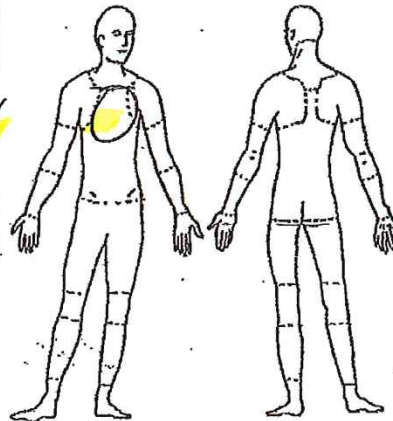
Work Comp Codes: Accident Cause _____ Body Part _____ Injury Type _____ Source _____

INJURY INFORMATION

To be completed by Health Services

Body Part	Accident Cause	Body Part	Injury Type	Source
Abdomen				
Ankle				
Arm				
Back/Spine				
Calf				
Cheek				
Chest				
Ear				
Elbow				
Eye				
Finger				
Foot				
Groin				
Hand				
Head				
Hips/Pelvis				
Knee				
Leg				
Lungs				
Mouth				
Neck				
Nose				
Shoulder				
Thigh				
Thumb				
Toes				
Wrist				

SHADE ALL AREAS THAT APPLY.



DIAGNOSIS / RESTRICTIONS / ADDITIONAL COMMENTS / NOTES:

COPY

Completed IIR: RSEntered in Computer: RS

Undated: 02/02/2017

-0256-

-002-

Hultman

Exhibit No. 43Date: 5-30-18

Audrey M. Barbush, RPR

EMPLOYEE'S INCIDENT DETAIL	To be completed by employee
<p>Explain exactly how the incident occurred. Describe the activity as well as the tools, equipment, or material you were using.</p> <p><i>Broken Machine - Machine was firing. I had passed basket clippers people were hanging. Man was thrown and struck his chest. I had had passed and made the person who threw it upset about not finding it</i></p> <p>How could the incident have been prevented? <i>clipped</i></p> <p><small>Explain:</small></p>	
<p>WITNESS(ES) Include additional witnesses statements on the back or on a separate sheet of paper.</p> <p>Employee Name: <i>Sala Naambwe</i> ID Number: <i>449182</i> Dept/Shift: <i>19D</i></p> <p><i>2 Mechanics seen it - abdale yank Thomas - Chris Rep Uta Bittel</i></p>	
<p>If PPE was required, were you wearing or using it (if no, explain)? <input checked="" type="radio"/> YES <input type="radio"/> NO</p> <p><small>Explain:</small></p>	
<p>Do you have employment outside of JMSF (if yes, explain)? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p><small>Explain:</small></p>	
<p>Do you perform any activities outside of work that may have contributed to this injury or illness (if yes, list)? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>1.</p> <p>2.</p>	
<p>Prior related non occupational injuries or conditions (please list):</p> <p>1. <i>None</i></p> <p>2.</p>	
<p>Please list (or attach report of) prior work injuries.</p> <p>1. <i>None</i></p> <p>2.</p>	
<p>Was an interpreter used (if yes, provide name and ID number)? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>Employee Name: <i>Sala Naambwe</i> ID Number: <i>449182</i></p>	
<p>The Information I have provided is accurate and true:</p> <p><i>Sala Naambwe</i> <i>449182</i> <i>8.15.17</i></p> <p><small>Employee's Signature ID Number Date</small></p>	
MANAGERS INCIDENT DETAIL	To be completed by manager
<p>Describe in detail how the incident occurred, the sequence of events as well as the tools, equipment, or material the employee was using. Attach additional sheets and photos if necessary.</p> <p><i>Employee was putting a beam back on the heavy line. Hit another employee in the chest.</i></p>	
<p>Did the incident involve a Powered Industrial Truck (if yes, list type, number and employees involved)? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>1.</p> <p>2.</p>	
<p>Was the employee certified to operate the equipment? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p><small>PIT operators involved in an incident shall not be allowed to operate until retraining has occurred. (See PIT Policy for further info.)</small></p>	

Updated: 02/02/2017

INVESTIGATION (Root Cause Analysis. Check all that apply)		To be completed by manager
<input type="checkbox"/> Awkward Posture/Reach/Bend/Twist	<input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Insufficient Supervisory Training
<input type="checkbox"/> Congested Work Area	<input type="checkbox"/> Improper Loading or Placement	<input type="checkbox"/> Lack of Written Safety procedures
<input checked="" type="checkbox"/> Deficient or Improper Material Storage	<input type="checkbox"/> Improper Maintenance	<input type="checkbox"/> Operating at an Unsafe Speed
<input type="checkbox"/> Equipment Condition	<input type="checkbox"/> Improper Material Handling	<input type="checkbox"/> Operating Equipment Without Authority
<input type="checkbox"/> Excessive Noise	<input type="checkbox"/> Improper Setup	<input type="checkbox"/> Poor Housekeeping
<input type="checkbox"/> Failure to Follow Instructions	<input type="checkbox"/> Improper Tools or Equipment	<input type="checkbox"/> Poor Engineering or Design
<input type="checkbox"/> Failure to Follow Written Procedures	<input type="checkbox"/> Inadequate Enforcement: Rule / Procedure	<input type="checkbox"/> PPE Not Used
<input type="checkbox"/> Failure to Lockout	<input type="checkbox"/> Inadequate Fall Protection	<input type="checkbox"/> Running/Rushing/Hurrying
<input type="checkbox"/> Failure to Secure Area	<input type="checkbox"/> Inadequate Inspection	<input type="checkbox"/> Safety Device By-Passed
<input type="checkbox"/> Failure to Warn	<input type="checkbox"/> Inadequate Risk Assessment	<input type="checkbox"/> Safety Rule Violation
<input type="checkbox"/> Fire or Explosion Hazards	<input type="checkbox"/> Inadequate Supervision	<input type="checkbox"/> Scheduling Problems
<input type="checkbox"/> Guards Not Used or Inadequate	<input type="checkbox"/> Inadequate Training	<input type="checkbox"/> Slippery Conditions /Unmaintained Surface
<input type="checkbox"/> Hazard Not Properly Identified	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Temperature Extremes
<input type="checkbox"/> Hazardous Substance / Chemical Exposure	<input type="checkbox"/> Incorrect Use of Tool or Equipment	<input type="checkbox"/> Unsafe Act of Others
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Insufficient Job Knowledge	<input type="checkbox"/> Other Unsafe Acts or Conditions:
<input type="checkbox"/> Improper Job Technique	<input type="checkbox"/> Insufficient Lighting	

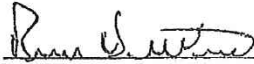
CORRECTIVE AND PREVENTIVE ACTION	To be completed by manager
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What action(s) has been and/or will be taken to prevent recurrence? Every cause should have a corrective action. Include who is responsible and dates actions implemented or expected to be implemented. Attach additional sheets if necessary.

ACTION TAKEN	PERSON RESPONSIBLE	COMPLETION DATE
will talk to employee about being more careful when putting them back on line	Rees Newman	8/15/17

RECORDABLE INCIDENTS (complete the actions listed)	PERSON RESPONSIBLE	COMPLETION DATE
Review Hazard ID Pocket Card with employee (task performed, identify the risks, review the safe plan - required for all recordable incidents)		
Review area HIRA to ensure all hazards are identified and controls are in place (required for all recordable incidents)		

THE FOLLOWING SIGNATURES ARE REQUIRED UPON COMPLETION:

X Production/Maintenance Mgr:		Date: 8/15/17
Hourly Safety Team Member:		Date: _____
(Recordable Incidents Only) ↑		
Operations Mgr./Superintendent:		Date: _____
Safety Department:		Date: _____

Undated: 02/02/2017

-0258-

Reed, Scott

From: Derby, Monica
Sent: Monday, August 29, 2016 7:13 AM
To: Reed, Scott
Subject: FW: Dept 19D issue on Friday---Sala N.

From: Hillberg, Dave
Sent: Saturday, August 27, 2016 8:33 AM
To: Derby, Monica
Subject: Dept 19D issue on Friday---Sala N.

Om Basnet 4005196
Shyam Bhattarai 4004739
Rasheem Davidson 4020237
Fernando DeLeon 18143
Becky Kaufman 48453
Lorena Morales 4005316 (said she was not on the line at time of incident, took over for Donna Ibrarra...#54354)
Juan Ogaldez 63601
Suk Rai 4020264
Cecil Weismantel 92036
Ganga Magar 4005204

Monica- You have the notes on incident from Lisa Yesterday. I met with the above people at 1535 on Friday, 8/26/16 as a group in the back room of smoke alley office. Asked them first if they were aware of why we were meeting and all knew what was going on from the earlier meeting with Russ and Lisa.

I again asked if anybody had witnessed any part of the incident and got no's from everyone on the line (above). Lorena Morales notified me that she was not on the stuffing line at time of incident (approx. 1330-1340 from Lisa's accounting of it).

I stressed that intimidation and horseplay has no place in the department and that everyone needs to be respectful of each other, every day.

I ended the meeting letting the group know that if anybody wants to come forward, they can come to me one on one in confidence to share details.

Meeting ended at 1550 and that is when I returned to your office to report.

We should get any details Russ has on Monday as well.

Have a good Weekend.

Dave.